MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 08864

CERTIFICATE OF DEATH

(8)

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Reisterstown, Md (Rural) (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 0

(e) Length of stay in this community (yrs., mos., or days) 0

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Carroll

(c) City or town Reisterstown Md (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Barnes (Doris Lyman)

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race white

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife Stillbirth

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/28/39

8. AGE: Years Months Days Stillbirth If less than one day hr. min.

9. Birthplace Reisterstown, Carroll, Md (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name Edwin Francis Barnes

13. Birthplace Reisterstown, Md

MOTHER

14. Maiden Name Anna May Helwig

15. Birthplace Finksburg, Md

16 (a) Informant mother of infant

(b) Address same

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 30 39 (month) (day) (year)

(c) Cemetery or crematory Cemetery

Location Finksburg, Md

18 (a) Funeral director Edwin F. Barnes

(b) Address Reisterstown Md

19 (a) 9/29/39 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. Date of death 9/28/39 19 , at 1:08 P.M. Stillborn

21. I certify that death occurred on the date above stated; that I attended deceased from 9/28/39, to 9/28/39, and that I last saw him alive on Stillborn 19

Immediate cause of death unknown

Due to not known

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature James S. Saffell M. D. or other

Address Reisterstown, Md Date signed 9/28/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

CEIVED
OCT 4 1939
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

68865

Reg. Dist. No. 75

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Carroll
City or town Millers
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 87 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Carroll
City or town Millers Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Daniel L. Baublitz

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W	Married

6 (b) Name of husband or wife Grace Baublitz
6(c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) September 24 - 1852

8. AGE:

Years	Months	Days	If less than one day
87	—	4	hrs. min.

9. Birthplace Maryland.
(Town, county, and state)
10. Usual occupation Retired farmer.
11. Industry or business
FATHER 12. Name John Baublitz
13. Birthplace Maryland
MOTHER 14. Maiden name Unknown.
15. Birthplace Unknown
16. Informant Mrs Grace Baublitz
Address Millers. Md
17. Burial Date thereof Sept 30 39
(Burial, cremation, or removal Which?) (month) (day) (year)
Cemetery or crematory Grave Run M.E.
Location Grave Run, Md.
18. Funeral director Edw C Tipton
Address Hampstead Md
19. Sept. 28 1939 Mrs. M. P. S. Denner
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 28 1939, at 5 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October, 1938, to Sept. 28 1939, and that I last saw him alive on Sept. 22 1939.

Immediate cause of death	DURATION
Carcinoma of Right Auricle	1 yr.
Genuine Metastasis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Mamie C. Porterfield M. D. or other
Address Hampstead Date signed 9-28-39

RECEIVED
OCT 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08866

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Carroll

City or town: Henryton, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Maryland Tuberculosis Sanatorium Colored Branch

Stay in hospital or inst. (yrs., or mos., or days): 11 mo. 27 days.

Stay in this community (yrs., or mos., or days): Above

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Manokin Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: William Grant Benson

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

8 (b) Name of husband or wife: ---

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): December 21, 1932

8. AGE: Years	Months	Days	If less than one day
6	8	29	____ hrs. ____ min.

9. Birthplace: Manokin, Md.
(Town, county, and state)

10. Usual occupation: None

11. Indusfry or business: ----

FATHER
12. Name: Joshia Benson
13. Birthplace: Unknown, Maryland.

MOTHER
14. Malden name: Marzella Maddox
15. Birthplace: Unknown, Maryland

16. Informanf: Reuben Hoffman, M. D.
Address: Henryton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/23/39 (month) (day) (year)

Cemetery or crematory: Westover Cem.

Location: Westover Md

18. Funeral director: John A. Bradshaw

Address: Crisfield, Md.

19. 9/20/39 (Date rec'd by registrar) Albert R. Swankhaus Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 20, 1939, at 11.15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept., 23 1938, to Sept., 20 1939 and that I last saw h-er alive on Sept., 20 1939.

Immediate cause of death	DURATION
Acute Heart Failure	
Due to Tuberculous Pericarditis	Sept., 19th 1939
Due to	
Dther conditions	

(Include pregnancy within 8 months of death)

Major findings:

Of opcrations: ----

Of eufopsy: No Autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accidenf, suicide, or homicide: --- Date of

Where did injury occur? --- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ---

Means of injury: --- Injured of work? ---

23. SIGNATURE: Reuben Hoffman, M.D. M. D. or other

Address: Henryton, Maryland. Date signed 9/20/39

RECEIVED
OCT 4 1939
BUREAU V. S.

08867

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (932)

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:

County: Carroll

City or town: Sykesville, Md. (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Springfield State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 2 mo 30 days

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.: (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 712 Gittings Ave. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Henry Lewis Blakeley.

3. (b) Social Security Number:

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Gertrude Spicer

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): November 14, 1864

8. AGE: Years: 74 Months: 10 Days: 14 If less than one day: hrs. min.

9. Birthplace: Baltimore County (Town, county, and state)

10. Usual occupation: Engineer (B&O)

11. Industry or business:

FATHER
12. Name: Lewis Blakeley
13. Birthplace: Maryland

MOTHER
14. Maiden name: Anna Snavely
15. Birthplace: Maryland

16. Informant: Hospital Records

Address: Sykesville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 30 1939 (month) (day) (year)

Cemetery or ~~crematory~~: Loudon Park

Location: Fredk Ave Balto City

18. Funeral director: Wm. J Tickner & Sons

Address: North & Pa. Ave.

19. Sept 28 1939 (Date rec'd by registrar) C Harry Weer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 28 1939, at 4:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 29 1939, to September 28 1939, and that I last saw him alive on September 28 1939.

Immediate cause of death: Arteriosclerosis, Chronic Myocarditis and Myocardial Degeneration

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION: 1938 - Known June 1939

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: M. Virginia Beyer M.D. (M. D. or other)

Address: Sykesville, Md. Date signed: 9-28-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(82-67)

08868

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:

County Carroll

City or town Sykesville, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Springfield State Hospital

Stay in hospital or inst. (yrs., or mos., or days) 3 mos. 26 days

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Linthicum Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Della Browning

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed.

6 (b) Name of husband or wife Maurice M. Browning. Dead 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12, 1873

8. AGE:

Years	Months	Days	If less than one day
66	2	1	hrs. min.

9. Birthplace Kemptown, Maryland (Town, county, and state)

10. Usual occupation None.

11. Industry or business

FATHER 12. Name Eli Hyatt

13. Birthplace Maryland

MOTHER 14. Maiden name Georgianna Sewis

15. Birthplace Maryland

16. Informant Hospital Records

Address Sykesville, Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof 9/13/39 (month) (day) (year)

Cemetery or crematory Kemptown Md 9/

Location

18. Funeral director Ernest C Gartner

Address Gaithersburg Md.

19. Sept 13 1939 Catharine Steer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 13 1939, at 2:50 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 15 1939, to September 13 1939, and that I last saw h-- alive on September 13 1939.

Immediate cause of death Cerebral Hemorrhage — DURATION: September 13 1939.

Due to

Due to

Other conditions Arteriosclerosis & Hypertension — DURATION: Known 1938

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. Virginia Beyer M.D.
M. D. or other

Address Sykesville, Md. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08869

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Carroll

City or town: Sykesville, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Springfield State Hospital

Stay in hospital or inst. (yrs., or mos., or days) 29 yrs., 11 mos., 26 days

Stay in this community (yrs., or mos., or days) Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 111 North Bond St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Hiram Carter

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 1875

8. AGE: Years	Months	Days	If less than one day
64	Unk.	Unk.	hrs. min.

9. Birthplace: Baltimore, Maryland.
(Town, county, and state)

10. Usual occupation: Salesman

11. Industry or business:

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Springfield State Hospital Record
Address: Sykesville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 4-39 (month) (day) (year)
Cemetery or crematory: Mt. Olivet
Location: Balto. Md.

18. Funeral director: Geo F Beyer Jr
Address: 1512 Hollins St Balto Md

19. Sept 2 1939. (Date rec'd by registrar) Harry Heer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 1 1939, at 10:45 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 1, 1938, to Sept. 1, 1939, and that I last saw him alive on Sept. 1, 1939

Immediate cause of death	DURATION
~~Myocarditis~~ Chronic Carcinoma of liver	~~One yr.~~ (?)
Due to Pulmonary edema	9-1-39
Due to	
Other conditions ~~Unoperalised carcinoma of digestive tract~~ Coronary arteriosclerosis	Unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: Carcinoma of liver

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Harry F. Baer, M.D., M. D. or other

Address: Sykesville, Md. Date signed 9-1-39.

RECEIVED
OCT 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

08870

Reg. Dist. No. 76

1. PLACE OF DEATH:

County Carroll

City or town nr Wesley Church
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Carroll

City or town nr Wesley Church Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Wesley Davidson

3. (b) Social Security Number

4. Sex M

5. Color or race W

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Sarah G. Brown

6 (c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) Jan. 3rd 1843.

8. AGE: Years 96 Months 8 Days 9 If less than one day ___ hrs. ___ min.

9. Birthplace Maryland.
(Town, county, and state)

10. Usual occupation farmer

11. Industry or business farmer retired

FATHER
12. Name John Davidson
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden name Penelope Taylor
15. Birthplace Md.

16. Informant Sons

Address Upperco P.O. Md.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Sept 15 - 39
(month) (day) (year)

Cemetery or crematory Wesley M.E.

Location Carroll Co. Md.

18. Funeral director Edw C. Lipton

Address Hampstead Md.

19. 9/16 39 [illegible]
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 12 1939, at 5.40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 6th 1939 to Sept 12 1939, and that I last saw him alive on Sept 12 1939.

	DURATION
Immediate cause of death Senile Gangrene of the lf. foot - Toxemia	2 1/2 mo
Due to Arterio-sclerosis	20 yrs
Due to	
Other conditions Chronic enlargement of the Prostate gland	1 yr

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Cyril E. Fowble, M.D.
M. D. or other

Address Upperco, Md. Date signed 9/12/39.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH (23)

08871

Reg. Dist. No. 74

1. PLACE OF DEATH:
County: Carroll
City or town: Henryton, Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Maryland Tuberculosis Sanatorium Colored Branch
Stay in hospital or inst. (yrs., or mos., or days): 1 Mo. 6 Days
Stay in this community (yrs., or mos., or days): (Above)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 1733 E. Eager Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Mary Davis

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife: Unknown
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): September 1, 1899

8. AGE: Years	Months	Days	If less than one day
40	0	16	hrs. min.

9. Birthplace: Georgetwon, S. C.
(Town, county, and state)
10. Usual occupation: Domestic
11. Industry or business: Unknown
FATHER 12. Name: Oliver Rivens
13. Birthplace: Georgetown, S. C.
MOTHER 14. Maiden name: Sylvia Smith
15. Birthplace: Georgetown, S.C.
16. Informant: Reuben Hoffman, M.D.
Address: Henryton, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/21/39 (month) (day) (year)
Cemetery or crematory: Arbutus Mem. Park
Location: Arbutus, Md.
18. Funeral director: Robt. A. Elliott
Address: 1129 N. Carolina St.
19. 9/17/39 (Date rec'd by registrar) Deputy Local Registrar: Albert R Swankhaus

MEDICAL CERTIFICATION 9.40 P.M.

20. DATE OF DEATH: September 17, 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 11, 1939 to Sept. 17, 1939, and that I last saw her alive on Septemebt 17 1939.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: June 1938
Due to: ---
Due to: ---
Other conditions: ---
(Include pregnancy within 3 months of death)
Major findings:
Of operations: ---
Of autopsy: No Autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: --- Date of:
Where did injury occur? --- (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): ---
Means of injury: --- Injured at work?

23. SIGNATURE: Reuben Hoffman, M.D.
M. D. or other
Address: Henryton, Md. Date signed 9/17/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 21 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08872

Reg. Dist. No. 78

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Carroll
City or town: Rural - Near Taylorsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Carroll
City or town: Rural - Near Taylorsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Baby Boy Day

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Infant

6 (b) Name of husband or wife: Infant
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept 11 1939

8. AGE: Years: Stillborn | Months | Days | If less than one day: hrs. 0 min.

8. Birthplace: R.F.D. New Windsor Md
(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER
12. Name: Wm Ray Day
13. Birthplace: Maryland

MOTHER
14. Maiden name: Mary Marguerite Jenkins
15. Birthplace: Maryland

16. Informant: Wm. Ray Day
Address: R.D. New Windsor Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 12 1939 (month) (day) (year)
Cemetery or crematory: Sam's Creek Cem -
Location: New Windsor - Md

18. Funeral director: Family disposal
Address:

19. Sept. 12 1939 (Date rec'd by registrar) Local E. M. Fawcett Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 11 1939, at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 11 1939, to Sept 11 1939, and that I last saw him alive on Sept 11 1939.

Immediate cause of death	DURATION
Premature delivery	
6 Mos - Stillborn	
Due to	
Fell one month ago	
Due to by Mother.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: C. M. Van Poole M.D.
M. D. or other
Address: Mt Airy Md Date signed 9-11-39

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OCT 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08873

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Carroll
City or town: Henryton,
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Maryland Tuberculosis Sanatorium Colored Branch
Stay in hospital or inst. (yrs., or mos., or days): 2 months 23 days
Stay in this community (yrs., or mos., or days): (Above)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 118 East Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: --

3. (a) FULL NAME: Minnie Mae Dodson

3. (b) Social Security Number: ---

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Single

6 (b) Name of husband or wife: ---

6(c) If alive, give age: -- years

7. Birth date of deceased (mo., day, yr.): January 9, 1916

8. AGE:

Years	Months	Days	If less than one day
23	7	23	---hrs. ---min.

9. Birthplace: Frederick, Frederick Co., Md.
(Town, county, and state)

10. Usual occupation: None

11. Industry or business: ---

FATHER
12. Name: Tom Lyles
13. Birthplace: Westfriendship, Md.

MOTHER
14. Maiden name: Mae Gardner
15. Birthplace: Carroll County, Maryland

16. Informant: Dr. Reuben Hoffman
Address: Henryton, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/9/39 (month) (day) (year)
Cemetery or crematory: Mount Zion
Location: Near Mt. Airy, Md.
18. Funeral director: M. R. Etchison and Son
Address: Frederick, Md.

19. 9/6/39 (Date rec'd by registrar) 19 Albert R. Swankbaer Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 6, 1939 19 , at 9:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 14, 1939 19 , to Sept. 6, 1939 19 , and that I last saw h er alive on Sept. 6, 1939 19 .

Immediate cause of death: Pulmonary Tuberculosis — DURATION: Dec. 1938

Due to: ---

Due to: ---

Other conditions: ---
(Include pregnancy within 3 months of death)

Major findings:

Of operations: ---

Of autopsy: No autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: -- Date of: --
Where did injury occur? --- (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): ---
Means of injury: --- Injured at work? ---

23. SIGNATURE: Reuben Hoffman M. D. (M. D. or other)
Address: Henryton, Maryland Date signed: 9/6/39

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BUREAU V. S.

08874

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(948)

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH:

County Carroll

City or town Westminster
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 47 Liberty

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 12 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Carroll

City or town Westminster Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 47 Liberty
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Hanson Thomas Earhart M. D.

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of ~~husband or~~ wife Jane Elizabeth Reese

6(c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) July - 6 - 1862

8. AGE:

Years	Months	Days	If less than one day
77	2	4	hrs. min.

9. Birthplace Union Mills, Carroll Co. Maryland
(Town, county, and state)

10. Usual occupation Physician

11. Industry or business (Retired)

FATHER
12. Name Jonathan Earhart
13. Birthplace Union Mills, Maryland

MOTHER
14. Maiden name Anna Mary Erb
15. Birthplace Union Mills, Maryland

16. Informant Lyman D. Earhart

Address 47 Liberty Street, Westminster Md.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Sept. 13 · 1939
(month) (day) (year)

Cemetery or crematory Silverrun Cemetery

Location Silverrun Carroll Co. Maryland

18. Funeral director H Bankard & Son

Address Westminster, Maryland

19. 9/12 1939 [signature]
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 10 1939, at 1:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 10 1939, to Sept 10 1939, and that I last saw him alive on Sept 10 1939.

Immediate cause of death Coronary Thrombosis

DURATION 2 or 3 hrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. Glenn Speicher M.D. or other

Address Westminster Md Date signed Sept 11/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83)

08875

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Carroll

City or town Sykesville, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Springfield State Hospital

Stay in hospital or inst. (yrs., or mos., or days) 14 yrs., 7 mos., 7 days

Stay in this community (yrs., or mos., or days) Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County

City or town Baltimore City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 2308 Mondawmin Ave. (?(
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME

Frederick Esmond

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married (?)

6 (b) Name of husband or wife Unknown

6(c) If alive, give age ____ years

7. Birth data of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
53	Unk.	Unk.	____hrs. ____min.

9. Birthplace England
(Town, county, and state)

10. Usual occupation Journalism

11. Industry or business Newspaper work

FATHER 12. Name Unknown

13. Birthplace Unknown

MOTHER 14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Springfield Hospital Records

Address Sykesville, Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof Sept 26 1939 (month) (day) (year)

Cemetery or crematory Springfield Hosp. Cem.

Location Sykesville Md.

18. Funeral director C. H. Baer

Address Sykesville Md.

19. Sept. 24 1939 (Date rec'd by registrar) Harry Baer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 24, 1939, at 3:20 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 1 1938, to Sept. 24 1939, and that I last saw him alive on Sept. 24 1939.

	DURATION
Immediate cause of death Acute Cardiac dilatation	9/24/39
Due to Chronic Myocarditis	
Due to Lues	
Other conditions Paresis Prior to 2/17/25	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Harry F. Baer, M.D.
M. D. or other

Address Sykesville, Md. Date signed 9-24-39

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08876

(131)

1. PLACE OF DEATH

County Carroll Registration Dist. No. 70

Village or City Taneytown R. D. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Mary E. Flickinger If U. S. Veteran, specify WAR

(a) Residence: No. St. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	widow

5a. If married, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of Wm H. Flickinger

6. DATE OF BIRTH (month, dey, and yaar) April 4, 1855

7. AGE	Yaers	Months	Days	If LESS than 1 day, hrs. or min.
	84	5	16	

OCCUPATION

8. Trede, profassion, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Totai tima (yaars) spent in this occupation

12. BIRTHPLACE (city or town) md
(State or country)

FATHER

13. NAME Henry Sell

14. BIRTHPLACE (city or town) md
(State or country)

MOTHER

15. MAIDEN NAME Eliza J. Bankard

16. BIRTHPLACE (city or town) Md.
(Stata or country)

17. INFORMANT Mrs Carroll Wilson
(Address) Taneytown, Md.

18. BURIAL, CREMATION, OR REMOVAL
Piece Burial Dete Sept 22, 1939

19. UNDERTAKER C. O. Sauerwein Son
(Address) Taneytown, Md.

20. FILED Sept 22, 1939 Ethel M. Mehring
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 20 (Dey), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug. 30, 1939, to Aug. 31, 1939

I last saw her alive on Aug. 31, 1939; death is said to have occurrad on the date statad above, at 7:15 a.m.

Tha PRINCIPAL CAUSE OF DEATH and related ceuses of importence ware as follows:

	Date of onset
Chronic Nephritis (Interstitial	1929?
Chronic Myocardiatis with Degeneration	1929?
Other Contribntory Causes of Importance:	
Senility	1925?

Neme of operation None Date of

Whet test confirmed diegnosis? Clinical Was thara an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, sulcide, or homicide? Date of Injury, 19

Where did Injury occur?
(Specify city or town, county and State)

Specify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury

Neture of injury

24. Was disaase or injury in any wey ralated to occupation of daceased?

If so, specify

(Signed) R. S. McVaugh M. D.

(Addrass) Taneytown, Md.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill, etc.**

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

18877

Reg. Dist. No. 70

1. PLACE OF DEATH:
County Carroll
City or town Near Taneytown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 14 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Miss Ina Estelda Fogle

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F	W	Single

8 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 31 1870

8. AGE:

Years	Months	Days	If less than one day
69	3	8	hrs. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual occupation House work
11. Industry or business
FATHER 12. Name Elie Fogle
13. Birthplace Md
MOTHER 14. Maiden name Mary Halyn
15. Birthplace Md
16. Informant Melvin T Hess
Address Taneytown
17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 10 1939 (month) (day) (year)
Cemetery or crematory Lutheran Taneytown Md
Location
18. Funeral director C O Russ & Son
Address Taneytown Md
19. Sept. 8, 1939 (Date rec'd by registrar) Ethel M Mehring Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 8th 1939, at 3A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 12th 1939, to Sept 8th 1939, and that I last saw h-- alive on Sept 6th 1939.

Immediate cause of death	6 hours	DURATION
	Interstitial nephritis	6 mo
Due to		
Due to		
Other conditions		

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C. M. Benner M D
M. D. or other
Address Taneytown Md Date signed Sept 8th 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08873

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Carroll

City or town: Sykesville, Md. (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Springfield State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 3 yrs. 9 mos. 28 days

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.: (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 17 York Road (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Bessie Gardner

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife:

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): January 14, 1887

8. AGE:

Years	Months	Days	If less than one day
52	7	28	hrs. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual occupation: Stenographer

11. Industry or business

FATHER 12. Name: James Gardner

FATHER 13. Birthplace: Maryland

MOTHER 14. Maiden name: Mary E. Skeen

MOTHER 15. Birthplace: Pennsylvania

16. Informant: Hospital Records

Address: Sykesville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 13, 1939 (month) (day) (year)

Cemetery or crematory: London Park

Location: Frederick Rd. Balto Md

18. Funeral director: Wm. Cook

Address: 1217 St Paul St. Balto Md.

19. 9/11/39 (Date rec'd by registrar) 19 Harry Greer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 11 1939, at 2:00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 14 1935, to September 11 1939, and that I last saw her alive on September 11 1939.

	DURATION
Immediate cause of death: Cerebral Embolism is	Sept 6: 39
Softening Right Hemisphere	
Due to: Origin unknown	
Due to	
Other conditions: Pulmonary Infarct	Sept 6: 39

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: As above — and — Renal Calculi & Kidney destruction left side

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: M. Virginia Beyer M.D. M. D. or other

Address: Sykesville, Md. Date signed 9-11-39

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OCT 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

118879

Reg. Dist. No. 74

1. PLACE OF DEATH:

County: Carroll

City or town: Sykesville (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Springfield State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1 month, 5 days

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore City

City or town: Baltimore Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1207 W. Belvedere (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: George Guetter

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Julie Geidt

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 22, 1858

8. AGE: Years	Months	Days	If less than one day
81	5	5	hrs. min.

9. Birthplace: Washington, D. C. (Town, county, and state)

10. Usual occupation: Metal worker and Contractor

11. Industry or business:

FATHER — 12. Name: Michael Guetter

FATHER — 13. Birthplace: Switzerland

MOTHER — 14. Maiden name: ?

MOTHER — 15. Birthplace: ?

16. Informant: Geo. P. Guetter

Address: 1207 W. Belvedere St., Baltimore

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 7 1939 (month) (day) (year)

Cemetery or crematory: Druid Ridge

Location: Pikesville Md.

18. Funeral director: A. J. Marshall

Address: 3539 Falls Road

19. Sept. 5 1939 (Date rec'd by registrar) C. Harry Heer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sep. 5 1939, at 4:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 31 1939 to Sep. 5 1939

and that I last saw him alive on Sep. 4 1939

Immediate cause of death	DURATION
A. Arteriosclerosis, generalized	Known, 7/31/39
B. Arteriosclerotic heart disease	Known, 7/31/39
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: M. Virginia Beyer M. D. or other

Address: Sykesville, Md. Date signed: 9-5-39

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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SEP 21 1939
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STATE OF MARYLAND—CERTIFICATE OF DEATH

18881

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (46)

County Carroll Registration Dist. No. 81

Village or City Union Bridge No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah A Hartsock If U. S. Veteran, specify WAR

(a) Residence: No. Maine St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph L Hartsock

6. DATE OF BIRTH (month, day, and yaer): May 31 1861

7. AGE: Yaars 78 | Months 3 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housekeeper

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: At home

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Frederick Co Md

FATHER

13. NAME: John Frock

14. BIRTHPLACE (city or town) (State or country): Frederick Co Md

MOTHER

15. MAIDEN NAME: Catharine A Dorcus

16. BIRTHPLACE (city or town) (State or country): Frederick Co Md

17. INFORMANT: Mary Catharine Ecker

(Address) Union Bridge Md

18. BURIAL, CREMATION, OR REMOVAL

Place Woodsboro Cem Date Sept 3, 1939

19. UNDERTAKER: D D Hankey & Son

(Address) Union Bridge Md

20. FILED Sept 2, 1939 C Eichanan Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 1 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended dacaased from July 16, 1939, to Sept 1, 1939

last saw h.. alive on Sept 1, 1939; death is said to have occurrad on the date statad above, at 1-2 a.m.

The PRINCIPAL CAUSE OF DEATH and releted causes of importanca were as follows:

	Data of onset
Carcinoma of Stomach	2 yr.
Acute Cardiac Dilatation	9-1-39

Othar Contributory Causes of Importance:

Nama of operation None Data of

What test confirmad diagnosis? Clinical Was there an autopsy? No

23. If death was dua to external causas (VIOLENCE) fill in also tha following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Natura of Injury

24. Was diseesa or injury in any way relatad to occupation of dacaased? No

If so, specify

(Signad) Jas L Thomas M. D.

(Address) Westminster Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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SEP 16 1929
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(107-A)

08881

Reg. Dist. No. 34

1. PLACE OF DEATH:

County Carroll

City or town Sykesville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Springfield State Hospital

Stay in hospital or inst. (yrs., or mos., or days) 10 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Catonsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 9 Holmehurst Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ernestine Henzler

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife George Henzler, died 10 years ago 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 22, 1861

8. AGE:

Years	Months	Days	If less than one day
78	10	25	hrs. min.

9. Birthplace Baltimore County, Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Nicholas Heinz
13. Birthplace Germany

MOTHER
14. Maiden name Elizabeth Meyer
15. Birthplace Germany

16. Informant Hospital records
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 16, 1939 (month) (day) (year)

Cemetery or crematory London Park

Location Baltimore Md.

18. Funeral director J. B. Hippert & Son

Address Eutaw Place & Lanvale St

19. Sept 16 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 16 1939 3:40 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 6 1939 to Sept 16 1939, and that I last saw her alive on Sept 16 1939

	DURATION
Immediate cause of death Bronchopneumonia	Sept 11, '39
Due to	
Due to	
Other conditions Arteriosclerosis	known: Sept 6, '39

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Ruth M. Wilmarth, M.D.
M. D. or other

Address Sykesville, Md. Date signed 9-16-'39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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OCT 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B2-a)

08882

CERTIFICATE OF DEATH

Reg. Dist. No. 77

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Carroll
City or town Hampstead
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 10 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Carroll
City or town Hampstead Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph B Halbrook

3. (b) Social Security Number None

4. Sex M

5. Color or race W

6.(a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Clarissa B Halbrook

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 25 - 1857

8. AGE: Years 82 | Months | Days 19 | If less than one day hrs. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Henry Halbrook
13. Birthplace Maryland

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown

16. Informant Joseph Halbrook
Address Hampstead Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 16/1939 (month) (day) (year)
Cemetery or crematory Mt Olivet
Location Randallstown Md

18. Funeral director Edw C. Tipton
Address Hampstead Md

19. 9-16 1939 (Date rec'd by registrar) Mildred S. Hughes (Deputy) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 14 1939, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 20 1939 to Sept. 14 1939 and that I last saw him alive on Sept. 14 1939.

	DURATION
Immediate cause of death: Cerebral Hemmorrhage	4 hrs
Due to Hypertension	Unk.
Due to Arterio-Sclerosis	Unk.
Other conditions: Prostatic Hypertrophy	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE M. C. Porterfield M. D. or other
Address Hampstead Date signed 9-18-39

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OCT 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(23)

18883

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Carroll
City or town: Henryton, Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Maryland Tuberculosis Sanatorium Colored Branch
Stay in hospital or inst. (yrs., or mos., or days): 3 Mo. 30 days
Stay in this community (yrs., or mos., or days): (Above)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Charles
City or town: Indian Head Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Paul Holt

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife: ---

6(c) If alive, give age: -- years

7. Birth date of deceased (mo., day, yr.): May 24, 1918

8. AGE:

Years	Months	Days	If less than one day
21	3	19	---hrs. ---min.

9. Birthplace: Indian Head, Maryland
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Unknown

FATHER
12. Name: Benjamin Holt
13. Birthplace: Prince Geo's Co., Md.

MOTHER
14. Maiden name: Minnie Newman
15. Birthplace: Prince Geo's Co., Md.

16. Informant: Reuben Hoffman, Md.
Address: Henryton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 16 1939 (month) (day) (year)
Cemetery or crematory: Mt. Auburn
Location: Balto, Md.

18. Funeral director: Wm S. S. Hemsley
Address: 578 N. Biddle St.

19. 9/12/39 (Date rec'd by registrar) 19 Albert R. Swanbaum Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 12 1939, at 1.15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 13, 1939 to Sept., 12, 1939, and that I last saw him alive on September 12 1939

Immediate cause of death	DURATION
Pulmonary Tuberculosis	March 1939
Due to --	
Due to ---	
Other conditions ---	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: -----
Of autopsy: No Autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: --- Date of: ---
Where did injury occur? --- (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): --
Means of injury: --- Injured at work? ---

23. SIGNATURE: Reuben Hoffman, M.D.
M. D. or other
Address: Henryton, Md. Date signed: 9/12/39

REC'D
SEP 25 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08884

Reg. Dist. No. 74

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County: Carroll

City or town: Sykesville (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Springfield State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1 year - 9 days

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: Unknown (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: William Jackson

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): February 6, 1873

8. AGE:

Years	Months	Days	If less than one day
66	7	15	hrs. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual occupation: Stevedore

11. Industry or business

FATHER 12. Name: Harry Jackson

FATHER 13. Birthplace: Baltimore, Md.

MOTHER 14. Maiden name: Bessie - (unknown)

MOTHER 15. Birthplace: United States

16. Informant: Hospital records

Address: Sykesville, Md.

17. (Burial, cremation, or removal. Which?) Date thereof: Sept. 23, 1939 (month) (day) (year)

Cemetery or crematory: St. Mary's, Hampden

Location: Baltimore, Md.

18. Funeral director: E. Leroy Stiffler, Inc.

Address: 125 E. Northdve., Balto.

19. Sept 21 1939 (Date rec'd by registrar) Harry Steen Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 21 1939, at 2.55 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 12 1939, to Sept. 21 1939, and that I last saw h--- alive on Sept. 21 1939.

	DURATION
Immediate cause of death: Pulmonary tuberculosis	1 yr. 3 mo
Due to: Alcoholism	not known
Due to:	
Other conditions: Psychosis c Cerebral Arteriosclerosis	1 yr.

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Ruth M. Wilson, M.D. M. D. or other

Address: Sykesville, Md. Date signed: 9-21-'39

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OCT 4 1939
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83)

08885

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:

County: Carroll

City or town: Sykesville (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Springfield State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 2 mos., 2 days.

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Baltimore City

City or town: Baltimore Ward No.: (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1624 Aliceanna (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: John A. Johnson

3. (b) Social Security Number:

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Frances Brzenski Johnson

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct. 31, 1880

8. AGE: Years: 58 Months: 10 Days: 12 If less than one day: hrs. min.

9. Birthplace: Norway (Town, county, and state)

10. Usual occupation: Boiler scaling

11. Industry or business: Steamship

FATHER
12. Name: ?
13. Birthplace: Norway

MOTHER
14. Maiden name: ?
15. Birthplace: Norway

16. Informant: Mrs. Frances Johnson

Address: 1624 Aliceanna St., Baltimore

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 14 1939 (month) (day) (year)

Cemetery or crematory: Mt Carmel Cem

Location: O Donnell St

18. Funeral director: Martin, H. E. Dippel.

Address: 37 S Ann St

19. 9/12 – 1939 (Date rec'd by registrar) C Harry Weer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sep. 12 1939, at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 10 1939, to Sep. 12 1939, and that I last saw him alive on Sep. 12 1939.

Immediate cause of death: General paralysis of the insane — Arteriosclerosis, generalized

Due to:

Due to:

Other conditions: Epididymitis (Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION: 9 mos. / 1 mo.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: M. Virginia Beyer M.D. (M. D. or other)

Address: Sykesville, Md. Date signed:

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OCT 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

08886

Reg. Dist. No. 83

1. PLACE OF DEATH:
County Carroll
City or town Rural near Dist. #
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 1 yr.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Carroll
City or town Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. R.D. Westminster, Md.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No.

3. (a) FULL NAME Henry W. Knauff

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Late Almira C. Knauff

8(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Nov. 4, 1872

8. AGE:

Years	Months	Days	If less than one day
66	10	18	____ hrs. ____ min.

9. Birthplace Baltimore City, Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Retired

FATHER
12. Name William Knauff
13. Birthplace Germany

MOTHER
14. Maiden name Catherine Wirth
15. Birthplace Germany

16. Informant Mr. John Knauff
Address R.D. Sykesville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 24, 1939 (month) (day) (year)
Cemetery or crematory Bethesda Cem'y.
Location near Dist. #, Carroll Co. Md

18. Funeral director C.M. Walsh
Address Westfield. Md.

19. Sept 24 1939 (Date rec'd by registrar) Edna M Hewitt Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 22 1939, at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 10 1939 to Sept 22 1939, and that I last saw him alive on Sept 21 1939.

Immediate cause of death	DURATION
Carcinoma	1932
Interstitial Nephritis	1932
Arteriosclerosis	
Due to	
Due to	Sept 40
Cerebral Hemorrhage	1939
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE Chas R Fouty M.D.
M. D. or other
Address Westminster Date signed 9.23.39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 7 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH (97)

08887

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Carroll
City or town: Inkesville (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Springfield State Hospital
Stay in hospital or inst. (yrs., or mos., or days): 3 mos 1 day
Stay in this community (yrs., or mos., or days): 3 mos 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore (If outside city or town limits, write RURAL NEAR and give town) Ward No.:
Street No.: 921 Homestead St. (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Frank Lance

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	White	widowed

6 (b) Name of husband or wife: Mollie Betts
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan 6, 1863

8. AGE: Years	Months	Days	If less than one day
76	7	28	hrs. min.

9. Birthplace: Baltimore, Md (Town, county, and state)
10. Usual occupation: Painter
11. Industry or business: Railroad Shop
FATHER 12. Name: Christopher Lance
FATHER 13. Birthplace: Maryland
MOTHER 14. Maiden name: Martha Steinhagen
MOTHER 15. Birthplace: Maryland
16. Informant: Hospital Record
Address:

17. Burial, cremation, or removal. Which?: Burial Date thereof: Sept 6 1939 (month) (day) (year)
Cemetery or crematory: Moreland Park
Location: Balto. Co. Md.
18. Funeral director: William Cook
Address: 1217 St. Paul St.
19. Sept 3 1939 (Date rec'd by registrar) C. Nancy Steer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 3, 1939, at 6:30 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 2 1939 to Sept 3 1939 and that I last saw h-im alive on Sept 2 1939.

	DURATION
Immediate cause of death: Cerebral arteriosclerosis	June 1938
Due to:	
Due to:	
Other conditions: Generalized arteriosclerosis (Include pregnancy within 3 months of death)	June 1938

Major findings:
Df operations:
Df autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Samuel Barker M.D.
M. D. or other
Address: Springfield State Hospital Date signed: Sept 13, 1939
Inkesville, Md

RECEIVED
SEP 11 1939
BUREAU V. S.

08888

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82a)

CERTIFICATE OF DEATH

Reg. Dist. No. 77

1. PLACE OF DEATH:

County: Carroll

City or town: near Hampstead
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 20 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Carroll

City or town: near Hampstead Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Anna M Lovell

3. (b) Social Security Number: None

4. Sex: F

5. Color or race: W

6. (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband ~~or wife~~: Elisha W. Lovell

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Sept 11 - 1857

8. AGE: Years: 82 Months: ✓ Days: 11 If less than one day ____ hrs. ____ min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER
12. Name: John P Smith
13. Birthplace: Germany

MOTHER
14. Maiden name: Clara Stigle
15. Birthplace: Germany

16. Informant: Mr Robert Lovell
Address: Hampstead Md

17. Burial
(Burial, ~~cremation, or removal~~. Which?)
Date thereof: Sept 25/39 (month) (day) (year)

Cemetery or crematory: Hampstead

Location: Hampstead Md

18. Funeral director: Edw C Tipton
Address: Hampstead, Md

19. Sept. 23 1939 John S. Hughes, Jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 22nd 1939, at 12:35 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 20th 1939, to Sept 22 1939, and that I last saw her alive on Sept 22 1939.

Immediate cause of death: Cerebral Hemorrhage

Due to: Arterio Sclerosis

Due to

Other conditions: None

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy: No

DURATION: 2 dy / 2 yr

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No

Accident, suicide, or homicide: no Date of

Where did injury occur? none (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) no

Means of injury: None Injured at work? no

23. SIGNATURE: S. Frank Willes M.D.
M. D. or other

Address: Reisterstown Md

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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OCT 3 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08889

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (46-C)

County Carroll Registration Dist. No. 82

Village or City Mt. Airy, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas G. Lowman If U. S. Veteran, specify WAR

(a) Residence: No. Mt. Airy, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Nettie M. Lowman

6. DATE OF BIRTH (month, day, and year) Oct. 30, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation Life.

12. BIRTHPLACE (city or town) Carroll Co. (State or country) Md.

FATHER

13. NAME John W. Lowman

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Sydney A. Gosnell.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mrs. Nettie M. Lowman (Address) Mt. Airy, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Pine Grove Cem't. Date Sept. 17, 1939

19. UNDERTAKER C.M. Waltz (Address) Westfield, Md.

20. FILED Sept 16, 1939 Phil D. Hayden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. (Month) 15 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1939, to Sept. 15, 1939

I last saw ~~him~~ her alive on Sept. 14, 1939; death is said to have occurred on the date stated above, at 6:30 A.M.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1 year

Other **Contributory Causes** of Importance:

Name of operation None Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. McKendree Boyer M. D.

(Address) Damascus, Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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OCT 7 1927
BUREAU OF V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08890

1. PLACE OF DEATH (59)

County Carroll Registration Dist. No. 83

Village or City Rural, Day, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ardine Mullinix

(a) Residence: No. Day, Woodbine Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	widowed

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Cornelius Asbury Mullinix

6. DATE OF BIRTH (month, day, and year) May 24, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Carroll Co. (State or country) Md

FATHER

13. NAME Nimrod Davis

14. BIRTHPLACE (city or town) Carroll Co. (State or country) Md

MOTHER

15. MAIDEN NAME Amelia Dorsey

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Beverley C. Mullinix (Address) Woodbine Maryland

18. BURIAL, CREMATION, OR REMOVAL Place Morgan Chapel Date Sept. 10, 1939

19. UNDERTAKER E. M. Watts (Address) Mt. Airy, Md.

20. FILED Sept 9, 1939 Edna M. Hewett Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 7 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1939, to Sept 7, 1939

I last saw h[illegible] alive on Sept 6, 1939; death is said to have occurred on the date stated above, at 5:45 p.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Chr. Myocarditis	?
Diabetes Mellitus	1937
Other Contributory Causes of importance:	
Cerebral Apoplexy	1933
Gangrene right foot	Aug 1, 1939

Name of operation None Date of

Whet test confirmed diegnosis? Was there an autopsy? No

23. If deeth was due to externel ceuses (VIDLENCE) fill in also the following:

Accident, suicide, or homicide? Dete of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any wey releted to occupation of deceased?

If so, specify

(Signed) J. Stanley Grabill M. D.

(Address) Mount Airy, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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OCT 7 1930

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

08891

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(23)

Reg. Dist. No. 74

1. PLACE OF DEATH:

County: Carroll -

City or town: Sykesville, Md -
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Springfield State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 3 mo - 27 days

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 721 Edgewood Street -
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Ella Murphy -

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: John J. Murphy

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 19, 1875

8. AGE: Years: 64 Months: 5 Days: 13 If less than one day: hrs. min.

9. Birthplace: Baltimore
(Town, county, and state)

10. Usual occupation: Factory Worker -

11. Industry or business:

FATHER
12. Name: — Donavan -
13. Birthplace: Ireland -

MOTHER
14. Maiden name: Anna Dundin
15. Birthplace: Ireland

16. Informant: Hospital Records -

Address: Sykesville, Md -

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 9-4-39 (month) (day) (year)

Cemetery or crematory: New Cathedral Cem

Location: Baltimore Md

18. Funeral director: John J Lowan & Son

Address: 901 Hollins St

19. Sept 1 1939 (Date rec'd by registrar) A Harry Hess Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 1 1939, at 3:52 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 5 1939, to September 1 1939, and that I last saw her alive on August 31 1939 -.

Immediate cause of death: Pulmonary Tuberculosis -

Due to: Cerebral Hemorrhage

Due to:

Other conditions: General Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION
Known
April 25-'39
Aug 27-1939
1934 -

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: M. Virginia Beyer M. D. or other

Address: Sykesville, Md - Date signed:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (7)

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SEP 8 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08892

1. PLACE OF DEATH (94a)

County Carroll Registration Dist. No. 70

Village or City Taneytown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Sarah E. Ohler If U. S. Veteran, specify WAR

(a) Residence: No. Taneytown St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	W	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Milton Ohler

6. DATE OF BIRTH (month, day, and year) May 11, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md (State or country)

FATHER

13. NAME Josiah Cluts

14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME Lydia Conover

16. BIRTHPLACE (city or town) Pa (State or country)

17. INFORMANT Ellis G. Ohler

(Address) Taneytown, Md.

18. BURIAL, CREMATION, REMOVAL

Date Lutheran Taneytown Oete Oct. 1, 1939

19. UNDERTAKER C.O. FUSS & SON

(Address) Taneytown, Md.

20. FILED Oct. 1, 1939 Ethel M. Mehring Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 28th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 29th, 1925, to Sept 28th, 1939

I last saw h-- alive on Sept 28th, 1939; death is said to have occurred on the date stated above, at 12:15 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Angina Pectoris	5 hours.

Other Contributory Causes of importance: Paralysis 1925 - Dec 29th - Bed & Chair ever since

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) C. M. Benner M. D.

(Address) Taneytown Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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OCT 3 1928
U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08893

Reg. Dist. No. 74

1. PLACE OF DEATH:
County: Carroll
City or town: Henryton, Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Maryland Tuberculosis Sanatorium Colored Branch
Stay in hospital or inst. (yrs., or mos., or days): 1 Yr. 5 Mo. 10 Days
Stay in this community (yrs., or mos., or days): (Above)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore, Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 707 N. Carey Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Marjorie Polk

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife: Thomas Polk
6(c) If alive, give age: --- years

7. Birth date of deceased (mo., day, yr.): April 1, 1912

8. AGE: Years	Months	Days	If less than one day
27	5	16	---- hrs. ---- min.

9. Birthplace: Unknown (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: ----

FATHER
12. Name: John Polk
13. Birthplace: Unknown

MOTHER
14. Maiden name: Emma Myers
15. Birthplace: Unknown

16. Informant: Reuben Hoffman, M. D.
Address: Henryton, Maryland.

17. City Morgue (Burial, cremation, or removal. Which?) Date thereof Sept. 18. 1939 (month) (day) (year)
Cemetery or crematory: City Morgue
Location: Balto. Md.

18. Funeral director: Mrs. S. J. Hemsley
Address: 578 W. Biddle St.

19. 9/17/39 (Date rec'd by registrar) 19 Albert A. Swanbeck Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 17, 1939, at 12.10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 7 1938, to Sept. 17, 1939, and that I last saw her alive on September 17, 1939.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: Sept., 1937

Due to: ---

Due to: ----

Other conditions: ---

(Include pregnancy within 3 months of death)

Major findings:
Of operations: ---

Of autopsy: No Autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: --- Date of:
Where did injury occur? --- (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): ---
Means of injury: --- Injured at work? ---

23. SIGNATURE: Reuben Hoffman, M. D. M. D. or other
Address: Henryton, Md. Date signed: 9/17/39

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (67)

08894

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH:

County Carroll

City or town Westminster (Rural)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Shades School House

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Carroll

City or town Westminster (Rural) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Shades School House
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Dolores Elizabeth Racine

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: W.

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

8 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Aug 10 - 39

8. AGE: Years 0 | Months 0 | Days 26 | If less than one day ____ hrs. ____ min.

9. Birthplace Westminster - Carroll - Md
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Hollis E. Racine
13. Birthplace Carroll Co. Md

MOTHER
14. Maiden name Sarah E. Carr
15. Birthplace Carroll Co. Md

16. Informant Mrs. Hollis E. Racine
Address Westminster Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 6-1939 (month) (day) (year)

Cemetery or crematory Warfieldsburg Cemetery

Location Warfieldsburg Carroll County

18. Funeral director H Bankard & Son

Address Westminster Maryland

19. 9/1 (Date rec'd by registrar) 19 39 F. L. Woodward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 5 1939, at 6 30 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.

Immediate cause of death Undetermined

Due to There was nothing in the history to indicate premature birth or birth injury. CWZA

Due to Death was probably due to status lymphaticus.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide None Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Jas T. March - Deputy Medical Examiner
M. D. or other

Address New Windsor Md Date signed 9-5-39

VS A15 (T)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08895

Reg. Dist. No. 7 J

1. PLACE OF DEATH:
County Carroll
City or town Rural near Taneytown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joshua T. Reinaman

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Mary Ellen Reinaman

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 16, 1862

8. AGE:

Years	Months	Days	If less than one day
77	7	25	hrs. min.

9. Birthplace Md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Joshua Reinaman
13. Birthplace Md

MOTHER
14. Maiden name Malinda Brown
15. Birthplace Md

16. Informant Mrs. Mary Ellen Reinaman

Address Taneytown Md R.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 14 39. (month) (day) (year)

Cemetery or crematory Bansat

Location near Taneytown

18. Funeral director C. O. Fuss & Son

Address Taneytown Md.

19. Sept. 14 1939 (Date rec'd by registrar) Ethel M. Mehring Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept - 11 1939, at 7 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 6 1939, to Sept 11 1939, and that I last saw him alive on Sept 10 1939.

Immediate cause of death	DURATION
Carcinoma Liver	
Due to:	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. H. Hugg MD
M. D. or other
Address Union Bridge Date signed 9-12-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
OCT 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(946) 18896

Reg. Dist. No. 74

1. PLACE OF DEATH:

County Carroll

City or town Sykesville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Springfield State Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1yr 2 mos, 3 days

Stay in this community (yrs., or mos., or days) 1yr 2 mos 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 375 Prospect St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William R. Reitzell

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	white	married-separated

6 (b) Name of husband or wife Carrie Looze

6(c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) October 17, 1875

8. AGE:

Years	Months	Days	If less than one day
64	10	20	____ hrs. ____ min.

9. Birthplace Clear Spring, Washington Co., Md.
(Town, county, and state)

10. Usual occupation Stock broker

11. Industry or business Brokerage

FATHER 12. Name Samuel L. Reitzell

FATHER 13. Birthplace Maryland

MOTHER 14. Maiden name Anna Ellen Shapley

MOTHER 15. Birthplace Maryland

18. Informant Hospital Record

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 5 1939 (month) (day) (year)

Cemetery or crematory Rose Hill

Location Near Clear Spring Md

18. Funeral director Snyder-Rowland

Address Clear Spring Md

19. Sept 2 1939 (Date rec'd by registrar) C. Wesley Keefer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 2, 1939, at 4:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 30, 1938 to Sept. 2, 1939 and that I last saw h- im alive on Sept. 2, 1939

	DURATION
Immediate cause of death: Coronary thrombosis	Sept 2, 1939
Due to: arteriosclerosis	?
Due to:	
Other conditions: Psychosis with cerebral arteriosclerosis	April 1938

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Samuel Bankoff M.D.
M. D. or other

Address Springfield State Hospital Sykesville, Md. Date signed 9/2/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH (159)

08897

Reg. Dist. No. 77

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Carroll

City or town Hampstead

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Carroll

City or town Hampstead Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Richards

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 22 - 1939

8. AGE: Years | Months | Days | If less than one day: 1 hrs. min.

9. Birthplace Hampstead, Maryland (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER 12. Name Walter Richards

FATHER 13. Birthplace Maryland

MOTHER 14. Maiden name Ruth Zeucker.

MOTHER 15. Birthplace Maryland

16. Informant Walter Richards

Address Hampstead Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 23 39 (month) (day) (year)

Cemetery or crematory Hampstead

Location Hampstead Md

18. Funeral director Edw A Tipton

Address Hampstead Md

19. Sept 23 1939 (Date rec'd by registrar) John S. Hughes Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 22 1939, at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 22 1939, to Sept. 22 1939, and that I last saw him alive on Sept. 22 1939.

Immediate cause of death	DURATION
Prematurity (6 mo)	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE M. C. Pattenfield M. D. or other

Address Hampstead, Md Date signed 9-22-39

RECEIVED
OCT 3 1939
BUREAU V. S.

08898

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(23)

Reg. Dist. No. 74

1. PLACE OF DEATH:

County: CARROLL

City or town: SYKESVILLE (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: SPRINGFIELD STATE HOSPITAL

Stay in hospital or inst. (yrs., or mos., or days): 8 yrs 11 mos 4 days

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County:

City or town: BALTIMORE Ward No.: (If outside city or town limits, write RURAL NEAR and give town)

Street No.: NONE. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: META ROHLFS

3. (b) Social Security Number:

4. Sex: FEMALE

5. Color or race: WHITE

6. (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): MARCH 6, 1896.

8. AGE: Years 43 | Months 6 | Days 12 | If less than one day: hrs. min.

9. Birthplace: BASSUM BEI BREMEN, GERMANY (Town, county, and state)

10. Usual occupation: CHAMBERMAID

11. Industry or business:

FATHER
12. Name: HENRY C. ROHLFS
13. Birthplace: GERMANY

MOTHER
14. Maiden name: SOPHIA KORMANN
15. Birthplace: GERMANY

16. Informant: HOSPITAL RECORDS

Address: SYKESVILLE, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 20 1939 (month) (day) (year)

Cemetery or crematory: Springfield

Location: Sykesville Md.

18. Funeral director: C. H. Steer

Address: Sykesville Md.

19. Sept 19 1939 (Date rec'd by registrar) C. H. Harry Steer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: SEPTEMBER 18 1939, at 4:28 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from AUGUST 14 1939, to SEPT. 18 1939, and that I last saw her alive on SEPTEMBER 17 1939.

Immediate cause of death: CHRONIC MYOCARDITIS C̄ MYOCARDIAL DEGENERATION — DURATION: 8 yrs.

Due to:

Due to:

Other conditions: PULMONARY TUBERCULOSIS — 2 yrs 7 mos

DEMENTIA PRAECOX — 9 yrs.

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: M. Virginia Beyer M.D. (M. D. or other)

Address: Sykesville, Md. Date signed:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93-C)

CERTIFICATE OF DEATH

08899

74

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Carroll

City or town: Sykesville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Springfield State Hosp

Stay in hospital or inst. (yrs., or mos., or days): 13 yrs

Stay in this community (yrs., or mos., or days): 13 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Baltimore Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1104 N Milton Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Raymond E. Smith

3. (b) Social Security Number: —

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: —

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): May 23 - 1895

8. AGE: Years: 44 | Months: 3 | Days: 12 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual occupation: not any

11. Industry or business:

FATHER 12. Name: Lawrence Smith

13. Birthplace: Virginia

MOTHER 14. Maiden name: Jannie Childress

15. Birthplace: Virginia

16. Informant: Mrs Jannie Smith

Address: Richmond Va

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 8 1939 (month) (day) (year)

Cemetery or crematory: Richmond, Va.

Location: —

18. Funeral director: C. N. Keen

Address: Sykesville Md.

19. Sept 8 1939 (Date rec'd by registrar) C. Nancy Keen Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 4th 1939, at 3.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1938 to Sept 4 1939, and that I last saw h alive on Sept 4 1939.

Immediate cause of death	DURATION
Due to Chronic Hypertension	2 yrs
Due to —	
Other conditions Hypostatic congestion of lungs. (Include pregnancy within 3 months of death)	1 day

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of: ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?): ____

Means of injury: ____ Injured at work?

23. SIGNATURE: W. H. Gaston M. D. or other

Address: Sykesville Md. Date signed: Sept 4/39

RECEIVED
OCT 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08900

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Carroll

City or town: Sykesville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Springfield State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 2 years, 19 days

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Carroll

City or town: Sykesville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Springfield Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mary Elizabeth Solomon

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	white	widowed

6 (b) Name of husband or wife: Harry Solomon

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): July 29, 1861

8. AGE: Years: 78 | Months: 2 | Days: | If less than one day: ____ hrs. ____ min.

9. Birthplace: Dames Quarter, Somerset Co., Md.
(Town, county, and state)

10. Usual occupation: dressmaker

11. Industry or business:

FATHER
12. Name: Charles T. Wallace
13. Birthplace: Unknown

MOTHER
14. Maiden name: Tabitha Shores
15. Birthplace: Dames Quarter, Somerset Co, Md

16. Informant: Hospital records
Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 2 1939 (month) (day) (year)

Cemetery or crematory: Baltimore Cem.

Location: Baltimore Md.

18. Funeral director: John McGinty

Address: 2808 Orleans St.

19. Sept 30 1939 (Date rec'd by registrar) Nancy Hearn Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 29 1939, at 10:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 10 1937, to Sept 29 1939, and that I last saw her alive on Sept. 29, 1939

Immediate cause of death	DURATION
Bronchopneumonia	Sept 20, '39
Due to Chronic myocarditis and	known:
myocardial degeneration	March, '38
Due to General Arteriosclerosis	known:
Other conditions	Sept. '37

(Include pregnancy within 3 months of death)

Major findings:

Dt operations:

Dt autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Ruth M. Wilmarth, M.D.
M. D. or other

Address: Sykesville, Md. Date signed 9-29-'39

RECEIVED
OCT 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (72a) Reg. Dist. No. 76

CERTIFICATE OF DEATH

08901

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Westminster
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Charles St.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 11 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Carroll

(c) City or town Westminster
(If outside city or town limits, write RURAL and give town)

(d) Street No. Charles St.
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Mamie E. Talbott

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex F

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept. 10, 1929

8. AGE: Years 10 yrs | Months 0 | Days 19 | If less than one day ____ hr. ____ min.

9. Birthplace Carroll Co.
(Town, county, and state)

10. Usual occupation School

11. Industry or business "

FATHER 12. Name Harrison Talbott

FATHER 13. Birthplace Md.

MOTHER 14. Maiden Name Estella Rhen Lottow

MOTHER 15. Birthplace Md

16 (a) Informant Father H. Talbott

16 (b) Address Charles St., Westminster

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 23, 1939 (month) (day) (year)

17 (c) Cemetery or crematory Johnsville

Location Johnsville, Carroll Co. Md

18 (a) Funeral director C. M. Wachs

18 (b) Address Westminster Md.

19 (a) 9/22/39 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death Sept. 20 1939 at 8:15 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1939, to Sept 19, 1939, and that I last saw him alive on Sept 19. 1939.

Immediate cause of death: acute leukemia — Duration 2½ mos.

Due to: Unknown causes

Due to: ____

Other conditions: anemia

(Include pregnancy within 3 months of death)

Major findings:

Of operations: ____

Of autopsy: ____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ____

(b) Date of occurrence ____

(c) Where did injury occur? ____ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____

(e) Means of injury ____

23. Signature E. Reese Wilkens M.D.
M. D. or other

Address Westminster Date signed Sept. 22 1939

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

Dr. Woodward.

RECEIVED
OCT 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore

CERTIFICATE OF DEATH

08902

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Carroll
City or town Sykesville, Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Springfield State Hospital
Stay in hospital or inst. (yrs., or mos., or days) 31 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County
City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 2320 East Preston Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mamie Trageser -

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 83 ? | Months | Days | If less than one day hrs. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual occupation Factory Work

11. Industry or business

FATHER 12. Name Frederick Trageser
13. Birthplace Germany

MOTHER 14. Maiden name Mary Lockenlach
15. Birthplace Germany

16. Informant Hospital Records
Address Sykesville, Md.

17. (Burial, cremation, or removal. Which) Date thereof Sept 29 1939
(month) (day) (year)
Cemetery or crematory Holy Redeemer
Location

18. Funeral director John C Mullis Sons
Address 2435 E. Oliver St

19. Sept. 26 1939 Harry Rice
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 26 1939, at 2:00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 26 1939, to September 26 1939, and that I last saw h-er alive on September 25 1939

Immediate cause of death	DURATION
Coronary Embolism	Sept 25-39
Arteriosclerosis	1935
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE M. Virginia Reyes M.D.
M. D. or other
Address Sykesville, Md Date signed 9.26.39

RECEIVED
SEP 28 1939
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

08903

CERTIFICATE OF DEATH

(23)

Reg. Dist. No. 74

1. PLACE OF DEATH:
County Carroll
City or town Henryton, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Maryland Tuberculosis Sanatorium Colored Branch
Stay in hospital or inst. (yrs., or mos., or days) 5 Mo. 26 days
Stay in this community (yrs., or mos., or days) (Above)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Venton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Emma Frances White

3. (b) Social Security Number

4. Sex: Female
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Burdell White
6(c) If alive, give age -- years
7. Birth date of deceased (mo., day, yr.): October 18, 1903 (?)

8. AGE: Years 35 | Months 11 | Days 2 | If less than one day ___ hrs. ___ min.

9. Birthplace: Venton, Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: At Home
FATHER
12. Name: Clay Pinkey
13. Birthplace: Mt. Vernon, Md
MOTHER
14. Maiden name: Eliza White
15. Birthplace: Venton, Md.
16. Informant: Reuben Hoffman, M. D.
Address: Henryton, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/20/39 (month) (day) (year)
Cemetery or crematory Venton Cemetery
Location Somerset County
18. Funeral director William Jamieson
Address Princess Md
19. 9/17/39 19 (Date rec'd by registrar) Albert R Swanhaus Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 20, 1939, at 9.00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 25 1939, to Sept. 20, 1930, and that I last saw her alive on September 20, 1939.

Immediate cause of death: Pulmonary Tuberculosis
Due to ---
Due to ---
Other conditions ---
(Include pregnancy within 3 months of death)
Major findings:
Of operations ---
Of autopsy No-Autopsy

DURATION: Oct. 1938

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide --- Date of ---
Where did injury occur? --- (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ---
Means of injury --- Injured at work? ---

23. SIGNATURE Reuben Hoffman, M.D. M. D. or other
Address Henryton, Md. Date signed 9/20/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08904

Reg. Dist. No. 77

1. PLACE OF DEATH:
County: Carroll
City or town: Hampstead Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days): —
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Carroll
City or town: Hampstead Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: William Albert Wink
3. (b) Social Security Number: none

4. Sex: Male
5. Color or race: white
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Emma M. Wink
6(c) If alive, give age: 53 years
7. Birth date of deceased (mo., day, yr.): July 5, 1883.
8. AGE: Years 56. Months 1 Days 28 If less than one day ___ hrs. ___ min.
9. Birthplace: Hampstead Maryland (Town, county, and state)
10. Usual occupation: Butcher.
11. Industry or business: Meat Market.
FATHER 12. Name: Harry Wink.
13. Birthplace: Maryland
MOTHER 14. Maiden name: Georgianna Patterson
15. Birthplace: Maryland.
16. Informant: Emma M. Wink
Address: Hampstead, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 4/39 (month) (day) (year)
Cemetery or crematory: Hampstead
Location: Hampstead Md
18. Funeral director: Edw C Tipton
Address: Hampstead Md
19. Sept 2 1939 (Date rec'd by registrar) Mildred S. Hughes (deputy) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 2 1939, at 5 20 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1 1939 to Sept 2 1939, and that I last saw him alive on Sept 1, 1 1939.
Immediate cause of death: Cerebral Hemorrhage — DURATION: 12 hrs.
Due to: Hypertensive Cardio-
Due to: Vascular disease.
Other conditions: —
(Include pregnancy within 3 months of death)
Major findings: —
Of operations:
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: — Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): —
Means of injury: Injured at work? —

23. SIGNATURE: Joseph E. Bush M.D. M. D. or other
Address: Hampstead Md Date signed: 9-2-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 3 1939
BUREAU V. S.

08905

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (106d)

County Carroll Registration Dist. No. 81

Village or City Barkhill No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Alfred Yingling If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Addie Megee Yingling

6. DATE OF BIRTH (month, day, and year) Nov.28,1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired employee

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. W.M.R.R.Shops at Union Bridge

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Edmund Yingling

14. BIRTHPLACE (city or town) Pa
(State or country)

MOTHER

15. MAIDEN NAME Agnus Ernst

16. BIRTHPLACE (city or town) Pa
(State or country)

17. INFORMANT Miss Helen Yingling
(Address) Union Bridge,Md.

18. BURIAL, CREMATION, OR REMOVAL Burial Lutheran Uniontown Md.
Place Date Sept.6,1939

19. UNDERTAKER C.O.FUSS & SON
(Address) Taneytown,Md.

20. FILED Sept. 5, 1939 Richman Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 4 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1939, to Sept 4, 1939

I last saw him alive on Sept 2, 1939; death is said to have occurred on the date stated above, at 5 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary hemorrhage
Not due to tuberculosis. C.W.G.R.
Caused by a severe coughing spell, 1/2 hour duration, accompanying bronchitis

Date of onset

Other Contributory Causes of Importance:

Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. H. Legg M. D.

(Address) Union Bridge Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

OCT 2 1930

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN